

**PERSONNEL FORM FOR PRIVATE CAREER SCHOOL  
FACULTY, STAFF, AND ADMINISTRATORS**

- Complete the personnel form by typing or printing legibly. A resume is not to be substituted for a completed form.
- If additional space is required, please continue your response on a separate page, identify the question being answered, and attach the page to this form.
- By Maryland regulations, *"The qualifications of staff shall be documented in their personnel files, including but not limited to evidence of formal educational attainment, certificates and degrees earned, and relevant experience."*

1. School Name: \_\_\_\_\_ 2. School Address \_\_\_\_\_  
City State Zip
3. Position at School: \_\_\_\_\_
4. Full-Time ☐ Part-Time ☐ 5. Hours of Work Per Week? \_\_\_\_\_ 6. Date of Initial Employment: \_\_\_\_\_  
Month/Year
7. Name of Employee: \_\_\_\_\_  
Last First Middle Previous Last Name
8. Employee's Permanent Address: \_\_\_\_\_  
Street City State Zip
9. SSN: \_\_\_\_\_ 10. Birth Date: \_\_\_\_\_ 11. Sex: Male ☐ Female ☐  
Month/Day/Year
12. Telephone Number: (\_\_\_\_) \_\_\_\_\_ 13. E-mail Address: \_\_\_\_\_
14. You must be legally authorized to work under the United States Immigration Reform and Control Act of 1986. Are you a US citizen or legal resident alien? Yes ☐ No ☐
15. List your primary duties at the school including all subjects you are assigned to teach. Identify the approximate % of your total work time that each function constitutes.

Your Primary Duties Including All Subjects You Teach at the School	% of Time Allocated to Each Function

# Maryland Higher Education Commission

# Appendix 1

16. Do you have a high school diploma or GED? Yes ☐ No ☐ 17. Date of High School Graduation or GED: \_\_\_\_\_
18. High School Attended: \_\_\_\_\_ 19. City/State of High School: \_\_\_\_\_

20. List below all your postsecondary education including coursework at career schools, colleges, and universities.  
By Maryland regulations, “*Instructors shall demonstrate up-to-date knowledge and continuing study of the field they are teaching. Instructors must possess, and have maintained for a minimum of 2 years, at least the level of licensure, certification, or credential for which the program they are instructing prepares graduates*”.

Name & Location of Educational Institutions	Dates Attended		Major or Major Subject	Graduated		Degree or Certificate and Date Received	Hours Completed
	From	To		Yes	No		

21. List below any other courses or workshops directly related to your position at the school that you have completed in the past 5 years. Include the dates of attendance.

22. List below any certificate(s) or license(s) now held. **(A copy of each license/certificate MUST be attached.)**  
By Maryland regulation, “*Instructor must possess, and have maintained for a minimum of 2 years, at least the level of licensure, certification, or credential for which the program they are instructing prepares graduates*”.

Name of Certificate/License	Entity that Issued Certificate/License	Date Received	Expiration Date

## Maryland Higher Education Commission

## Appendix 1

23. Employment Information: List each position you have held, beginning with the most recent. (**Attach any additional pages.**)  
By Maryland regulation, “*Instructors shall have a minimum of 2 years of successful practical experience in the occupation or subject or its equivalent in formal training beyond the standard learning period recognized for the trade or occupation they are to teach*”.

Name of Employer:	Employers Address (Street, City, State, Zip):
Type of Business:	Supervisor's Name and Phone Number:
Your Job Title:	
Dates of Employment: <b>from</b> /    / <b>to</b> /    /	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
Job Duties:	
Reason for Leaving:	

Name of Employer:	Employers Address (Street, City, State, Zip):
Type of Business:	Supervisor's Name and Phone Number:
Your Job Title:	
Dates of Employment: <b>from</b> /    / <b>to</b> /    /	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
Job Duties:	
Reason for Leaving:	

Name of Employer:	Employers Address (Street, City, State, Zip):
Type of Business:	Supervisor's Name and Phone Number:
Your Job Title:	
Dates of Employment: <b>from</b> /    / <b>to</b> /    /	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
Job Duties:	
Reason for Leaving:	

Name of Employer:	Employers Address (Street, City, State, Zip):
Type of Business:	Supervisor's Name and Phone Number:
Your Job Title:	
Dates of Employment: <b>from</b> /    / <b>to</b> /    /	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
Job Duties:	
Reason for Leaving:	

24. **Required for Instructors:** Summarize below your education, licensure/certification, teaching experience, and employment that directly relates to your area of instruction at the school and qualifies you to be an instructor at a Maryland private career school.
- a) Education, licensure, and certification directly related to your area of instruction:
  - b) Teaching experience directly related to your area of instruction:
  - c) Employment directly related to your area of instruction:
25. **Required of School Director:** Summarize below your education and employment that directly relates to the administration of the school and qualifies you to be a director of a Maryland private career school.
- a) Education directly related to the administration of the school:
  - b) Employment directly related to the administration of the school:
26. **To be answered by all:** By Maryland regulations, “*The owner or owners and employees of an applicant for approval or of a school shall have a demonstrated history of ethical personal and professional practices*”.
- a) Have you ever been convicted of any violation of the law except for minor traffic violations?  
Yes ☐ No ☐ If yes, explain:
  - b) Have you ever been named in connection with financial aid fraud, post office fraud or a school’s FTC citation?  
Yes ☐ No ☐ If yes, explain:
27. **Required of School Sales Representatives:**
- a) Have you ever been denied a permit issued by a state to represent or solicit students on behalf of a school?  
Yes ☐ No ☐ If yes, explain:
  - b) Have you ever been refused a surety bond? Yes ☐ No ☐ If yes, explain:

**Affidavits by Employee and School Owner or School Director:** I hereby certify that I have reviewed the information given on this form and any attachments and thereby certify that it is complete and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of School Owner or Director (Type or print)

\_\_\_\_\_  
Title of School Owner or Director (Type or print)

\_\_\_\_\_  
Signature of School Owner or School Director

\_\_\_\_\_  
Date